

11/02/01
J1135 U.S. PTO

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A/Reissue

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PTO/SB/50 (02-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

10/04/01
PTO
11/02/01

<p>Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231</p>	<p>Attorney Docket No. 3254:1002-028 First Named Inventor Breslow Original Patent Number 5,369,108 Original Patent Issue Date (Month/Day/Year) Nov. 29, 1994 Express Mail Label No. EV 044389584 US</p>																												
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)																													
APPLICATION ELEMENTS (37 CFR 1.173) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) </td> <td style="width: 50%; vertical-align: top;"> 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). </td> </tr> <tr> <td>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td>11. <input type="checkbox"/> Original U.S. Patent for surrender</td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</td> <td><input type="checkbox"/> Ribboned Original Patent Grant</td> </tr> <tr> <td>4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</td> <td><input type="checkbox"/> Statement of Loss (PTO/SB/55)</td> </tr> <tr> <td>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (2 docs - (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 10 pgs total)</td> <td>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</td> </tr> <tr> <td>6. <input checked="" type="checkbox"/> Power of Attorney (included in Declaration)</td> <td>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</td> <td>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) (2 docs)</td> <td>15. <input checked="" type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (2 docs) (PTO/SB/96)</td> <td>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</td> <td>17. Other: ...Check..far..\$ 1994.....</td> </tr> <tr> <td>9. 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18. CORRESPONDENCE ADDRESS																													
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 021005 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)																													
Name																													
Address																													
City		State	Zip Code																										
Country	Telephone	Fax																											
NAME (Print/Type)	Susan M. Abelleira	Registration No. (Attorney/Agent)	42,252																										
Signature	<i>Susan M. Abelleira</i>		Date November 02, 2001																										

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
3254.1002-028

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 29	**** 9 =	x \$ ____ =		or x \$ ____ =	18. 162.
(C) 1	Independent claims (37 CFR 1.16(j))	(D) 14	* 13 =	x \$ ____ =			x \$ 84 = 1092.
				Basic Fee (37 CFR 1.16(h)) \$ _____		\$740.	
				Total Filing Fee \$ _____		OR \$1994.	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(j))	***		*****	=	x \$ ____ =			x \$ ____ =
				Total Additional Fee \$ _____		OR \$ _____		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0380.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 1994 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

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November 02, 2001

Date

Susan M. Abelleira, 42,252

Signature of Applicant, Attorney or Agent of Record

Susan M. Abelleira

Typed or printed name

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 3254.1002-028			
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Basic Fee (37 CFR 1.16(h)) \$ _____					\$740. _____			
Total Filing Fee \$ _____					OR \$1994. _____			
Claims as Amended - Part 2								
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					Rate	Fee	Rate	Fee
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Date				Signature of Applicant, Attorney or Agent of Record				
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